

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
ADULT SYSTEM OF CARE**

**Proposed Adjustment to the Adult Field Capable Clinical Services (A-06) of the  
MHSA Three Year Program and Expenditure Plan  
Fiscal Years 2014-15 through 2016-17**

**Proposed Change:**

Shift annually \$738,000 (MHSA only) from Adult Field Capable Clinical Services (FCCS) to the Adult Full Service Partnership (FSP) Program.

**Original Proposal:**

Create additional capacity within the Adult-FCCS program by increasing clients served by fifty (50) in Fiscal Year (FY) 2014-15 and increasing clients served by 200 for FYs 2015-16 and 2016-17. Providers who demonstrated success with their Innovation program, ending June 30, 2015, will have their contracts amended to serve collectively an additional 132 clients.

**Background:**

The Adult System of Care (ASOC) is anxious to implement an FSP I/II pilot project, in an effort to assess and evaluate the current needs across the adult system for those clients most in need of an intensive level of care (LOC). It is imperative to determine and define "treatment to target" criteria, ensuring clients are receiving the appropriate level of services, and access to care and supports are within the required timelines for this sensitive population. It is anticipated better outcomes will be realized and less recidivism will occur as high intensity programming impacts problems of homelessness, incarceration rates and client connection with mental health/health services as clients are transitioned through this pilot, prior to transitioning to an FCCS team, a Wellness Centers (WC), or successfully readjusting back into the community. This pilot will also provide ASOC the opportunity to assess cost per client, based on needs and required services. Ultimately, provision of the appropriate level of care will aid in moving clients through the array of recovery services, avoiding extended client stay in high cost levels of treatment, or being transitioned too early in their recovery process. The ASOC vision of a seamless system of care, supplemented by the expansion of FSP I and FSP II services, should ensure client "flow" through a comprehensive, coordinated local treatment and recovery process.

**Delivery of Services:**

The pilot programs will introduce two levels of care within FSP programs, enabling clients to access housing supports at each level of care, with separate qualifying criteria, service expectations, and average length and cost of care.

**FSP I:**

- Provide 24/7 afterhours on-call and field visits when needed;
- One to 15 (1:15) ratio of staff to client;
- This plan will allow for 60 slots at this LOC
- Field based services, including Psychiatry; as clinically indicated;
- Focus upon: obtaining housing, decreased incarceration and/or psychiatric hospitalization rates, obtaining sobriety, employment readiness, benefits establishment and connection to health, mental health and substance abuse services and supports;
- Follow the County's authorization process;
- Follow the County's inclusion criteria;
- Complete all required FSP and pilot Outcomes;
- FSP I clients are expected to be seen at least weekly;
- Average length of care not to exceed 2 years;
- Average cost of care \$16,000 annually, including client supportive service (CSS) dollars.

**FSP II:**

- Provide 24/7 afterhours on-call and field visits when needed;
- One to forty-five (1:45) ratio of staff to client;
- This plan will allow for 90 slots at this LOC
- Field based services, including Psychiatry; as clinically indicated
- Focus upon: maintaining housing, maintaining sobriety, little to no days spent incarcerated and/or in psychiatric hospital, supported employment, returning to/maintaining gainful employment and/or meaningful activities (i.e. school, volunteer, etc.), and improved health outcomes, continued access to mental health, health and substance abuse services and supports as needed;
- Follow the County's authorization process;
- Follow the State's Level four (4) inclusion criteria;
- Complete all required FSP and pilot Outcomes;
- FSP II clients are expected be provided with weekly contact, and provided with face-to-face contact at least twice monthly;
- Average length of care not to exceed 3 years;
- Average cost of care \$10,000 annually, including client supportive service (CSS) dollars.

**Impact of the Proposed Change on the Programs:**

Provision of the appropriate level of care will aid in moving clients through the array of recovery services, avoiding extended client stay in high cost levels of treatment, or being transitioned too early in their recovery process. The ASOC vision of a seamless system of care, supplemented by the expansion of FSP I and FSP II services, should

ensure client “flow” through a comprehensive, coordinated local treatment and recovery process. The augmentation of existing FSP programs and the addition at a new location will improve client access to an array of recovery services and contribute to improved client flow through their intensive program elements. This pilot will expand FSP I slots by 90 and FSP II slots by 405, increasing services to 495 additional FSP clients.

**Outcomes/Data Collection Methods:**

- Develop intended outcomes beyond FSP mandated outcomes for the pilot to collect and report.
- Visit all pilot programs on a bi-annual basis to review data and progress.

**Proposed MHSA Budget for FSP I/II Pilot:**

MHSA budgeted amount is \$738,000 annually.